MARYLAND STATE DEPARTMENT OF HEALTH 09812

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head; LENGTH OF STAY (In this place) 38 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1036 E. Potomac.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head; STREET ADDRESS (If rural, give location) 1036 E. Potomac.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ruth	Norman	Brawner	Oct.	4	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	March 17, 1865	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Charles County Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Carr Norman	Zelda Groves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		—	Ruth Norman Brawner Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma, primary Liver	4 mos
155 X Antecedent cause(s)		
46 P Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1957, to Oct 4, 1957, that I last saw the deceased alive on Oct 4, 1957, and that death occurred at 12 30p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Grant G. Susan M.D.		Indian Head, Md	10-4-57.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-6-57	Durham Episcopal	Ironsides, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-5-57	[illegible]	Hunt & Ryon	Waldorf, Md.

VS. A15

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OCT 8 1951
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. _____ DATE _____

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09813

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Augustus (Middle) (Last) Brooks

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1951

5. SEX M

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Yr 1891

9. AGE last birthday 61 (60) yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Tenant

11. BIRTHPLACE (State or foreign country) Aquasco Md

12. CITIZEN OF WHAT COUNTRY? N.S.

13. FATHER'S NAME Augustus Brooks

14. MOTHER'S MAIDEN NAME Clarice Baddy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Beatrice E. Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1/2 hour

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1951, to Oct 13, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gwyn Hm Rector MD Aquasco Md 10/13/51

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE 10-17-51 NAME OF CEMETERY OR CREMATORY John Wesley LOCATION (City, town, or county) Aquasco (State) Md

DATE REC'D BY LOCAL REG. 10-16-51 REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf

100105 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Permission obtained from Coroner (Mr Vanhatta) to issue Certificate

RECEIVED
OCT 17 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09814

CORECTED CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rual Waldorf, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accokeek
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Guy (First) (Middle) (Last) Guy R. Ferguson
4. DATE OF DEATH (Month) (Day) (Year): October 14 1951 19

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 4 1934
9. AGE last birthday: 17 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendent
10b. KIND OF BUSINESS OR INDUSTRY: Naval Powder Factory
11. BIRTHPLACE (State or foreign country): Madison Co. N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Pierson Ferguson
14. MOTHER'S MAIDEN NAME: Mae Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Pierson Ferguson Luck, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken neck — 10-14-51

825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170 C (c) auto accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): 10-14-51 4 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I attended the deceased from 10 19 to 4-5 19, that I last saw the deceased alive on ....., 19....., and that death occurred at 4 a.m. from the causes and on the date stated above.

SIGNATURE: R. Adelen (Degree or title) M.S. ADDRESS: Lad Plata Md DATE SIGNED: 10-22-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/17/51
NAME OF CEMETERY OR CREMATORY: Woody Cemetery
LOCATION (City, town, or county) (State): Madison County, N.C.

DATE REC'D BY LOCAL REG.: 10-23-51
REGISTRAR'S SIGNATURE: M. S. Monroe
24. FUNERAL DIRECTOR: Huntt & Ryan, Waldorf, Md. ADDRESS:

770 916

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OCT 2? 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09815

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waysides Md | LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waysides Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Wesley	Hawkins	10 — 3 — 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	Negro	Married	April 8-1882	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Charles Co	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Hawkins	Matilda Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Ruth Hawkins wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Heart Disease	
434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dropsy	
95a (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3 -, 1951, to Oct 3 -, 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE J. L. Hughes (Degree or title) ADDRESS Waysides DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-6-51	Mt Rest	La Plata Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-6-51	M. L. Mowers	Hunt & Flynn	Waldorf Md

100105

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OCT 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09816

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf | LENGTH OF STAY (In this place) 6 M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Violet (Middle) M. (Last) Hicks

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1951

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH 5-16-85 | 9. AGE last birthday 66 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) U.S.A. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William A Burroughs | 14. MOTHER'S MAIDEN NAME Nettie W. Jarboe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. no | 17. INFORMANT AND ADDRESS Levi Hicks Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10-30-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

531X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Madelen (Degree or title) M.D. | ADDRESS La Plata Md | DATE SIGNED 10-31-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 11-2-51 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 11-1-51 | REGISTRAR'S SIGNATURE M. L. Monroe | 24. FUNERAL DIRECTOR Smith & Rayon ADDRESS Waldorf md

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NOV 2 1951
BUREAU V. S.

Corrected Copy

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mason Springs — LENGTH OF STAY (In this place) 4 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mason Springs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (P.O. Marbury)	STREET ADDRESS (If rural, give location) (P.O. Marbury)

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) (Last) Pannell			4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Washington D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Arthur Pannell Marbury, Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

951X Immediate cause	(a) Gunshot Wound Left Chest Anteriorly	1 hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Level 4th rib Emerging anteriorly right chest	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Mason Springs (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 29 1957 6P m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Shot by 22 gauge rifle by Husband (Arthur Pannell)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank L. Susan	M.D.	Indian Head, Md	10-30-57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FRANK A. SUSAN, M.D.
5 INDIAN HEAD AVENUE
INDIAN HEAD, MD.

10-30-51

Bureau of Vital Statistics
Baltimore. Md.

Gentlemen.

I am enclosing corrected copy of death certificate in case of Pearl Pannell Marbury. Md who I saw as acting Medical Examiner, 10/29/51 first in the cab of a truck in which she died. On basis of further examination at undertaking establishment in Washington, true location of gunshot wound was ascertained and is incorporated in corrected copy.

Delay in sending this report has been partly due to trying to find right procedure.

Very truly yours,

Frank A. Susan M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HENRIETTA (Middle) (Last) ROBERTS
4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 1951
5. SEX: f
6. COLOR OR RACE: US-W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Dec. 27, 1877
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Law office
11. BIRTHPLACE (State or foreign country): Charles Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hubert Roberts
14. MOTHER'S MAIDEN NAME: Lilla Louise Padgett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Charles Levering, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. — 10 min.

420 / Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile deterioration. — 2 years.

14 a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12 October 1949, to 5 Oct, 1951, that I last saw the deceased alive on 5 Oct, 1951, and that death occurred at 10:58 EST p.m., from the causes and on the date stated above.

SIGNATURE: A. Woodley (Degree or title) MD. — ADDRESS: La Plata - Md. — DATE SIGNED: 5 Oct 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10/8/51 — NAME OF CEMETERY OR CREMATORY: Mt. Rest — LOCATION (City, town, or county) (State): La Plata, Md.

DATE REC'D BY LOCAL REG.: 10/8/51 — REGISTRAR'S SIGNATURE: Julia H. Tasey — 24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf, Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 12[illegible]

1. PLACE OF DEATH COUNTY: Charles — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place): 15 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hughesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hughesville	STREET ADDRESS (If rural, give location): Charlotte Hall, R.D.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Settler		4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1951	
5. SEX: M	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D	8. DATE OF BIRTH: 10-9-51
9. AGE last birthday: yrs.	If under 1 year: Months / Days: 4	If under 24 hrs: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): [illegible]	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: TANNY Settler		14. MOTHER'S MAIDEN NAME: AGNES PLATER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Tanny Settler, Charlotte Hall, Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 10-12-51

764.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 13-51

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	[illegible]	[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 10/14/51	NAME OF CEMETERY OR CREMATORY: Mechanicist	LOCATION (City, town, or county) (State): Benedict, Md
DATE REC'D BY LOCAL REG.: 10/14/51	REGISTRAR'S SIGNATURE: Julia H. Pasey	24. FUNERAL DIRECTOR: Tanny Settler, Charlotte Hall, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

Willis Posey

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantsson Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pyc Man La Plata Md	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Oliver	(Last) Simms	4. DATE OF DEATH	(Month) 10 — (Day) 5 (Year) 1951
5. SEX: M	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 10/19/1905	9. AGE last birthday: 45 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Helper	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yd	11. BIRTHPLACE (State or foreign country): Bryantsson Md	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Oscar Simms		14. MOTHER'S MAIDEN NAME: Viola			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Viola Simms			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

163x Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of lung

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1951, to 10/5, 1951, that I last saw the deceased alive on 10/4, 1951, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard F. Daly, M.D.		La Plata	10/5/51

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]	DATE: 10/9/51	NAME OF CEMETERY OR CREMATORY: St Marys	LOCATION (City, town, or county) (State): Bryantsson Md
DATE REC'D BY LOCAL REG.: 10/8/51	REGISTRAR'S SIGNATURE: Julia H Posey	24. FUNERAL DIRECTOR: Smith & Lyon	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105 106

1. PLACE OF DEATH COUNTY Charles. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Bousherville COUNTY W Va.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head — LENGTH OF STAY (In this place) 17 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Molly (Middle) (Last) Smell — 4. DATE OF DEATH (Month) (Day) (Year) 10 - 24 1951

5. SEX F — 6. COLOR OR RACE W W G — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH 10-16-71 — 9. AGE last birthday 80 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife — 10b. KIND OF BUSINESS OR INDUSTRY Self — 11. BIRTHPLACE (State or foreign country) West Virginia — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nathan Davis — 14. MOTHER'S MAIDEN NAME Sarah Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Emma Reese. Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 3 hrs

420.1 Antecedent cause(s) (b) Arterial Sclerosis — Indefinite

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23, 1951, to 10-24, 1951, that I last saw the deceased alive on 10-24, 1951, and that death occurred at 123 °C m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) ADDRESS Indian Head Md DATE SIGNED 10-24-51

23. BURIAL, CREMATION REMOVAL (Specify) B — DATE 10/26/51 — NAME OF CEMETERY OR CREMATORY Robert Martin — LOCATION (City, town, or county) Rural Shinston (State) West Va.

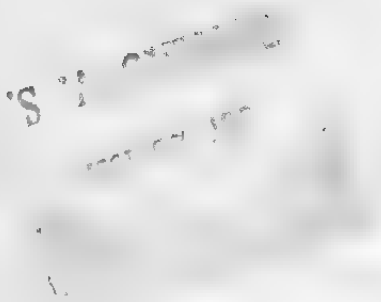
DATE REC'D BY LOCAL REG. 10-24-51 — REGISTRAR'S SIGNATURE M. L. Monroe — 24. FUNERAL DIRECTOR Hunt Ho & Ryan — ADDRESS Waldo

Mrs. Coley Price

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09822

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Maxwell (Last) Swann
4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1951

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 6-[illegible]-50
9. AGE last birthday 1 yrs. If under 1 year: Months 3 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pagah Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Spencer Swann
14. MOTHER'S MAIDEN NAME Pearl Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John Spencer Swann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diarrhoea	10-14-51
571.0 Antecedent cause(s)		
119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1951, to 10-17, 1951, that I last saw the deceased alive on 10-16, 1951, and that death occurred at 12 20 P.M., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) R.D. ADDRESS La Plata Md. DATE SIGNED 10-17-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/17/51
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) (State) Bel Alton Md

DATE REC'D BY LOCAL REG. 10/17/51
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Spencer Swann, Port Tobacco, Md. ADDRESS

RECEIVED
OCT 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09823

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Vernon (Middle) L. (Last) Wills

4. DATE OF DEATH (Month) October (Day) 22, (Year) 1951

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH Mar. 14, 1886

9. AGE last birthday 65 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman

10b. KIND OF BUSINESS OR INDUSTRY Saw Mill

11. BIRTHPLACE (State or foreign country) Tomsbrook, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Wills

14. MOTHER'S MAIDEN NAME Fannie Spiggle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hagerstown, Md. Harold F. Wills, 17 Virginia Avenue,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	10-17-51
420.1 Antecedent cause(s)	(b) Coronary Occlusion	5-12-51
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1944, to 10-22, 1951, that I last saw the deceased alive on 10-22, 1951, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 10-23-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-24-51
NAME OF CEMETERY OR CREMATORY Mt. Rest
LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 10/24/51
REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

970 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1951
BUREAU V. S.